

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Saline
 Township Marshall
 City Marshall, Mo (No.)

Registration District No. 796
 Primary Registration District No. 3038

File No. 38891
 Registered No. 169
 St. Ward)

2. FULL NAME

(a) Residence, No. 999 S. Ellsworth St., Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marshall, Mo
(STATE OR COUNTRY)

FATHER MOTHER

13. NAME Wilbur - William Gibson14. BIRTHPLACE (CITY OR TOWN) Boonville, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Mildred Hunt16. BIRTHPLACE (CITY OR TOWN) Elmwood, Mo.
(STATE OR COUNTRY)17. INFORMANT Mildred Hunt Gibson
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Disposed of by family DATE

19. UNDERTAKER
(ADDRESS)20. FILED 10-13 19 37 W. H. H. M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13-1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
Intrauterine death
of foetus
 Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis?, Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?, Date of injury, 19.....

Where did injury occur?, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. H. M. D. M. D.(Address) Marshall, Mo.

